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PTO/SB/21 (05-03)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Application Number</b>	09/898,321		
	<b>Filing Date</b>	07/02/2001	
	<b>First Named Inventor</b>	Robert A. Street	
	<b>Art Unit</b>	2815	
	<b>Examiner Name</b>	P.E. Brock II	
<b>Total Number of Pages in This Submission</b>	36	<b>Attorney Docket Number</b>	A0682 (XC-004)

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Change In Entity Status <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Return Receipt Postcard
<b>Remarks</b>		

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Patrick T. Bever, Reg. No. 33,834, BEVER, HOFFMAN & HARMS, LLP (Customer No. 28014).
Signature	
Date	October 1, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Patrick T. Bever		
Signature		Date	October 1, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	09/898,321
		Filing Date	07/02/2001
		First Named Inventor	Robert A. Street
		Examiner Name	P.E. Brock II
		Art Unit	2815
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. § 1.27		Attorney Docket Number	A0682 (XC-004)
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		330.00	

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>			
1. <input checked="" type="checkbox"/> The Director is authorized to charge indicated fees and credit any over payments to:  Deposit Acct. No. <u>24-0037 (Docket No. A0682)</u>  Deposit Acct Name <u>Xerox Corporation</u>  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR § 1.16 & 1.17  2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. <b>ADDITIONAL FEES</b>			
<b>FEE CALCULATION</b>					
1. <b>BASIC FILING FEE</b>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b> (\$)					
2. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>					
Total Claims <u>      </u> -20** = <u>      </u> x <u>      </u> = <u>      </u>					
Independent Claims <u>      </u> -3** = <u>      </u> x <u>      </u> = <u>      </u>					
Multiple Dependent <u>      </u> = <u>      </u>					
**or number previously paid, if greater; For Reissues, see below					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b> (\$)					
				Other fee (Specify) _____	
				* Reduced by Basic Filing Fee Paid	
				<b>SUBTOTAL (3)</b> (\$)	330.00

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	Patrick T. Bever	Registration No. (Attorney/Agent)	33,834	Telephone	(408) 451-5902
Signature				Date	October 1, 2003

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